

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3000 RIVERCHASE GALLERIA

SUITE 500

☐Check if different
than previously
reported. (ACC)

BIRMINGHAM

AL

35244

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00440743

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Richard L. Sharff, Jr.

Signature of Treasurer

Electronically Filed by Richard L. Sharff, Jr.

Date

01

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 18

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		6048.06
(b) Cash on Hand at Beginning of Reporting Period	11972.62	
(c) Total Receipts (from Line 19)	18074.32	31998.88
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30046.94	38046.94
7. Total Disbursements (from Line 31)	2200.00	10200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27846.94	27846.94
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 18

Write or Type Committee Name

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15545.00	24847.00
(ii) Unitemized	2312.00	6924.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	17857.00	31771.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17857.00	31771.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	200.00	200.00
17. Other Federal Receipts (Dividends, Interest, etc.)	17.32	27.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18074.32	31998.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18074.32	31998.88

DETAILED SUMMARY PAGE

of Disbursements

4 / 18

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2200.00	10200.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2200.00	10200.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2200.00	10200.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 18

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	17857.00	31771.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17857.00	31771.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Geoff Abbott

Mailing Address 1 South 224 Summitt
Suite 201

City State Zip Code
Oakbrook IL 60181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Car Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4389

Amount of Each Receipt this Period

140.00

Payroll deduction \$30.00
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Melanie Boles

Mailing Address 108 Financial Drive

City State Zip Code
Lexington KY 42701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4391

Amount of Each Receipt this Period

260.00

Payroll deduction \$60.00
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Deborah L. Brown

Mailing Address 1140 Hammond Drive
Building F, Suite 6100

City State Zip Code
Atlanta GA 30328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4393

Amount of Each Receipt this Period

560.00

Payroll deduction \$120.00
bi-weekly

SUBTOTAL of Receipts This Page (optional)

960.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Sandra K. Bunch

Mailing Address 2890 Dauphin Street

City

State

Zip Code

Mobile

AL

36606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4394

Amount of Each Receipt this Period

350.00

Payroll deduction \$75.00
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Vicki Burns

Mailing Address 4005 Dupont Circle

City

State

Zip Code

Louisville

KY

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4395

Amount of Each Receipt this Period

266.00

Payroll deduction \$57.00
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Kelli Collins

Mailing Address 3812 N. Elm Street

City

State

Zip Code

Greensboro

NC

27455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4397

Amount of Each Receipt this Period

247.00

Payroll deduction \$57.00
bi-weekly

SUBTOTAL of Receipts This Page (optional)

863.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Geoffrey Connor

Mailing Address 221 Laprado Place

City

Birmingham

State

AL

Zip Code

35209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.4379

Amount of Each Receipt this Period

500.00

Political contribution -
one time

B.

Full Name (Last, First, Middle Initial)

Tom Deas

Mailing Address PO Box 16280

City

Ft. Worth

State

TX

Zip Code

76162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care AffiliatesOccupation
Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.4386

Amount of Each Receipt this Period

500.00

Political contribution -
one time

C.

Full Name (Last, First, Middle Initial)

Ann L. Dugan

Mailing Address 1526 Atwood Avenue
Suite 300

City

Johnson

State

RI

Zip Code

02919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care AffiliatesOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4399

Amount of Each Receipt this Period

350.00

Payroll deduction \$75.00
bi-weekly

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Viva Elia

Mailing Address 2714 W. Canyon Avenue

City

San Diego

State

CA

Zip Code

92123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

VP - Operations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1463.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4400

Amount of Each Receipt this Period

1078.00

Payroll deduction \$231.00
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Karen S. Fillner

Mailing Address 940 N. 30th Street

City

Bilings

State

MT

Zip Code

59101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4402

Amount of Each Receipt this Period

140.00

Payroll deduction \$30.00
bi-weekly

C.

Full Name (Last, First, Middle Initial)

William Fitzpatrick

Mailing Address 4233 Abingdon Trail

City

Birmingham

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4377

Amount of Each Receipt this Period

500.00

Political contribution -
one time

SUBTOTAL of Receipts This Page (optional)

1718.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Trent A. Gastineau

Mailing Address 5400 LaBranch Street

City

Houston

State

TX

Zip Code

77004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4403

Amount of Each Receipt this Period

140.00

Payroll deduction \$30.00
bi-weekly

B.

Full Name (Last, First, Middle Initial)

John Henley

Mailing Address 2004 Raeford Road

City

Fayetteville

State

NC

Zip Code

28305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.4383

Amount of Each Receipt this Period

500.00

Political contribution -
one time

C.

Full Name (Last, First, Middle Initial)

Steve Hutkai

Mailing Address 3000 Riverchase Galleria
Suite 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4407

Amount of Each Receipt this Period

266.00

Payroll deduction \$57.00
bi-weekly

SUBTOTAL of Receipts This Page (optional)

906.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Karl Klungreseter

Mailing Address 550 S. Beretainer Street
Suite 700

City State Zip Code
Honolulu HI 96813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4408

Amount of Each Receipt this Period

266.00

Payroll deduction \$57.00
bi-weekly

B.

Full Name (Last, First, Middle Initial)

James T. Kreger

Mailing Address 3000 Riverchase Galleria
Suite 500

City State Zip Code
Birmingham AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Director-Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.4378

Amount of Each Receipt this Period

300.00

Political contribution -
one time

C.

Full Name (Last, First, Middle Initial)

Richard Lewis

Mailing Address 3123 Professional Drive

City State Zip Code
Auburn CA 95603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4410

Amount of Each Receipt this Period

225.00

Payroll deduction \$75.00
bi-weekly

SUBTOTAL of Receipts This Page (optional)

791.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

James Llewellyn

Mailing Address 3000 Riverchase Galleria, Ste 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

847.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4411

Amount of Each Receipt this Period

847.00

Payroll deduction \$231.00
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Brian Mathis

Mailing Address 300 Riverchase Galleria
Suite 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

VP Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4414

Amount of Each Receipt this Period

350.00

Payroll deduction \$75.00
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Karen Payne

Mailing Address 545 Pocahontas Drive

City

Ft. Walton Beach

State

FL

Zip Code

32547

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.4376

Amount of Each Receipt this Period

500.00

Political contribution -
one time

SUBTOTAL of Receipts This Page (optional)

1697.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Diane Phelps

Mailing Address 614 E. Chestnut Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4415

Amount of Each Receipt this Period

280.00

Payroll deduction \$60.00
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Steven Quam

Mailing Address 8800 Sunflower Circle

City

Urbandale

State

IA

Zip Code

50322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.4384

Amount of Each Receipt this Period

500.00

Political contribution -
one time

C.

Full Name (Last, First, Middle Initial)

Holly Ramey

Mailing Address 1400 McFarland Blvd., N.

City

Tuscaloosa

State

AL

Zip Code

35406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Region VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4417

Amount of Each Receipt this Period

700.00

Payroll deduction \$150.00
bi-weekly

SUBTOTAL of Receipts This Page (optional)

1480.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Clay Ransdell

Mailing Address 4653 Timberline Drive

City

West Des Moines

State

IA

Zip Code

50265

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care AffiliatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.4381

Amount of Each Receipt this Period

500.00

Political contribution -
one time

B.

Full Name (Last, First, Middle Initial)

Michael Rucker

Mailing Address 4800 Hampton Lane

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care AffiliatesOccupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2145.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4422

Amount of Each Receipt this Period

2145.00

Payroll deduction \$585.00
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Gwen Schmitz

Mailing Address 20998 Redwood Road

City

Castro Valley

State

CA

Zip Code

04546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care AffiliatesOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4423

Amount of Each Receipt this Period

210.00

Payroll deduction \$45.00
bi-weekly

SUBTOTAL of Receipts This Page (optional)

2855.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Jessie Scott

Mailing Address 778 2nd Avenue

City

San Francisco

State

CA

Zip Code

94118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4424

Amount of Each Receipt this Period

300.00

Payroll deduction \$25.00
bi-weekly

B.

Full Name (Last, First, Middle Initial)

Richard L. Sharff, Jr.

Mailing Address 3000 Riverchase Galleria
Suite 500

City

Birmingham

State

AL

Zip Code

35244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

EVP & Gen. Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4425

Amount of Each Receipt this Period

1750.00

Payroll deduction \$375.00
bi-weekly

C.

Full Name (Last, First, Middle Initial)

Derald Smith

Mailing Address 5328 Didesse Drive

City

Baton Rouge

State

LA

Zip Code

70808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.4426

Amount of Each Receipt this Period

175.00

Payroll deduction \$37.50
bi-weekly

SUBTOTAL of Receipts This Page (optional)

2225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 18

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Fran Socash

Mailing Address 2259 Foxboro Lane

City

Napierville

State

IL

Zip Code

60564

FEC ID number of contributing
federal political committee.

C

Name of Employer
Surgical Care Affiliates

Occupation

VP - Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: SA11AI.4427

Amount of Each Receipt this Period

700.00

Payroll deduction \$150.00
bi-weekly

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

15545.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 18

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City

MIAMI

State

FL

Zip Code

33169

FEC ID number of contributing
federal political committee.**C**

C00458646

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	9

Transaction ID: SA16.4439

Amount of Each Receipt this Period

200.00

Partial refund of 5/28/09
contribution

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 18

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SURGICAL CARE AFFILIATES POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

GRIFFITH FOR CONGRESS

Mailing Address Post Office Box 2916

City
Huntsville

State
AL

Zip Code
35804

Purpose of Disbursement
Political contribution

Candidate Name
PARKER DR. GRIFFITH

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: SB23.4435

Date of Disbursement

08 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

KENDRICK MEEK FOR FLORIDA

Mailing Address 111 NW 183RD STREET SUITE 325

City
MIAMI

State
FL

Zip Code
33169

Purpose of Disbursement
Political contribution

Candidate Name
KENDRICK B. MEEK

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.4436

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

200.00

C.

Full Name (Last, First, Middle Initial)

PHYSICIAN HOSPITALS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 5900 South Western Avenue

City
Sioux Falls

State
IA

Zip Code
57108

Purpose of Disbursement
PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4434

Date of Disbursement

07 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

2200.00